



## PURCHASE ORDER

**PO Number: 303-1-0206**

*Requisition Number: 303-1-00469*

**Order Date: 10/23/2020**

**Ordered**

**DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT,  
PLEASE SUBMIT INVOICE ELECTRONICALLY TO:**

accountspayable@tfc.state.tx.us

**IF INVOICE IS MAILED, DELAYS MAY OCCUR.**

TEXAS FACILITIES COMMISSION

FISCAL MANAGEMENT / ACCOUNTS PAYABLE

P.O. BOX 13047 Austin, Texas 78711-3047

### Delivery Location

Other  
Texas School for the Deaf  
1102 S. Congress Ave.  
ATTN: TFC Custodial  
Austin, TX 78704

**Show numbers on all papers and packages**

### Referenced Source or Vendor

12637188348  
Bullchase, Inc.  
201 S. Lakeline Blvd., Suite 503  
Cedar Park, TX 78613  
Marianne Galea  
Phone: 888-558-2855, Fax: 888-531-2929  
marianne@bullchase.com

TSD - First Aid Kit Supplies

Pricing per attached document.  
TXMAS Contract: TXMAS-18-51V06  
TX SmartBuy PO# 21014758

### Description

TFC Contact:  
Matthew Woerndell  
512-462-5377  
Matthew.Woerndell@tfc.state.tx.us

### Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Bandage Fabric 3 In L PK25	4	EA	\$6.19	10/23/2020	10/28/2020	\$24.76
<b>NIGP Class: 345</b>						
<b>NIGP Item: 32</b>						

**Object Class:** 312**Reimbursement Type:** Not Reimbursable

BZK Wipe Antiseptics PK10

**NIGP Class:** 269**NIGP Item:** 84**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Gauze Dressing Pad No Gauze PK10

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Conforming Gauze Roll Bandage Sterile No

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Gauze Dressing Pad No Gauze PK10

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Conforming Gauze Roll Bandage No Gauze

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Trauma Pad Sterile No

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

First Aid Tape White 1/2 in W 10 yd. L

**NIGP Class:** 345**NIGP Item:** 32**Object Class:** 312**Reimbursement Type:** Not Reimbursable

Antibiotics Ointment PK10

**NIGP Class:** 269**NIGP Item:** 84**Object Class:** 312**Reimbursement Type:** Not Reimbursable**Grand Total \$131.54**

Questions or concerns regarding this transaction or service should be directed to: Texas Facilities Commission Procurement Division, Phone: (512) 463-0209 or FAX: (512)236-6164 (The mailing address for the Texas Facilities Commission is at the top of this purchase order.)

<b>Agency</b>	TFC
<b>Fiscal Year</b>	2021
<b>Division</b>	Facilities Management and Operations
<b>Program</b>	Property Services
<b>Phone</b>	5124625377
<b>Org Code</b>	0451 - Custodial - Austin Day
<b>Type of Purchase/PCC Code</b>	'X' Purchases of commodities/services made from SPD TxMAS contracts
<b>Work Order Number</b>	738549

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

#### Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable ) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;
- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;
- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

**FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.**

#### TEXAS FACILITIES COMMISSION INTERNAL PURCHASING

PURCHASER: \_\_\_\_\_

Goll, Heather - CTCD, 5124630209

**(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)**

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

[\(Show Terms And Conditions...\)](#)